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MARTIN & FERRARO, LLP  
1557 Lake O'Pines Street, NE  
Hartville, Ohio 44632

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FACSIMILE TRANSMITTAL

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TO:

Name: Mail Stop AMENDMENT  
Group Art Unit 3732/Examiner Cary O'Connor

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9306

Subject: U.S. Patent Application No. 10/047,122

John I. Shipp et al.

Filed: January 15, 2002

INSTRUMENTS AND METHODS FOR USE IN  
LAPAROSCOPIC SURGERY

Attorney Docket No. 115.0001-00000

Customer No. 22882

Confirmation No.: 9694

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 17

Date: January 25, 2005

Confirmation Copy to Follow: NO

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Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$510.00 three-month extension fee to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on January 25, 2005.

  
Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 115.0001-00000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
 John I. Shipp et al. )  
 Serial No.: 10/047,122 )  
 Filed: January 15, 2002 )  
 For: INSTRUMENTS AND METHODS )  
 FOR USE IN LAPAROSCOPIC )  
 SURGERY )

Confirmation No.: 9694  
 Group Art Unit: 3732  
 Examiner: Cary O'Connor

Mail Stop AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated August 16, 2004 in the above-identified application.

- ☐ No additional fee is required.  
☒ Applicant hereby requests a three-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 2) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	84	-	110 **	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	11	-	15 ***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the total amount of \$510.00 to cover the three-month extension of time fee is to be charged to Deposit Account No. 50-1068.  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 MARTIN & FERRARO, LLP

Date: January 25, 2005

By: 

Thomas H. Marin  
 Registration No. 34,383

1557 Lake O'Pines Street, NE  
 Hartsville, Ohio 44632  
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FORM PTO-1083

Attorney Docket No.: 115.0001-00000  
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Examiner: Cary O'Connor

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TOTAL CLAIMS FEE	84	-	110	0	LG=\$50 SM=\$25	\$25 \$ 0
INDEPENDENT CLAIMS FEE	11	-	15	0	LG=\$200 SM=\$100	\$100 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$160	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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SURGERY	)	

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

In reply to the Office Action dated August 16, 2004, the period for reply having been extended for three months by a request for extension and fee payment filed concurrently herewith, please amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks** begin on page 14 of this paper.

Amendment 1-25-05.doc